

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		3				
7		1				
8	1					
9		1				
10		1				
11		2				
12		1				
13	1					
14		1				
15		1				
16		1				
17		2				
18	1					
19		1				
20		1				
21		1				
22		2				
23	1					
24		1				
25		1				
26		3				
27		2				
28	1					
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35		1				
36		1				
37		2				
38						
39	1					
40		1				
41		1				
42		1				
43		2				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	44					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL DEP.						
TOTAL CLAIMS						